

City of LV Recreation Center Summer Day Camp 2013



JUNE 17 - AUGUST 6

GRADES (going into) HEADSTART - 7th grade

Our day camp offers structured activities from 8:00 a.m. to 5:00 p.m., 5 days a week for an eight-week program, all at one low price. Children may arrive at the recreation center as early as 7:45 a.m. and may stay as late as 5:15 p.m.

Children are divided into several different groups for age appropriate activities; Head start/ Kinder/1st grade; 2nd/3rd grade; 4th/5th grade and 6th/7th grade. Organized program begins for the campers daily at 8:15 a.m. and continues through 4:30 p.m. From 7:45 a.m. to 8:15 a.m. campers can arrive at the recreation center, sign in, eat breakfast, free play, and prepare for the days activities. From 4:30 p.m. to 5:15 p.m. parents may begin picking up their children, campers get to free play and prepare to leave for the day at this time.



Each day, program participants take part in a variety of organized sports activities, games, music, dance and arts & crafts. Two days each week, campers will swim in the recreation swimming pool. Camp groups will participate in the summer library program each week. Field trips will be planned for each group.



The Rec Camp Parent Guide outlines specific camp information, parent responsibilities, policies and procedures.

We are able to offer campers breakfast and lunch at no cost through the federally sponsored summer food program.

Registration Information



Parents: For 8 weeks, 5 days a week, 8 hours a day, organized programming, and free breakfast and lunch, you get a great deal at a very low price !

Register today! Enrollment for each group is limited!

FEE: \$250.00; 2nd child: \$225.00

3rd/4th child: \$200.00

(Payment plan and half day options available)

LATE FEE (AFTER JUNE 17th)

\$275.00, and \$250.00 2nd/3rd child

**Pick up registration forms at the
Abe Montoya Recreation Center
front desk ,**

**1751 N. Grand Ave. LVNM 87701
and return with full payment as soon
as possible.**

**Make checks payable to : City of LV
Recreation Center**

For this or any other recreation program, please contact 426-1739 or 426-3191 for more information.
Recreation office hours: Weekdays 8:00 a.m. to 5:00 p.m.

CITY OF LAS VEGAS RECREATION CENTER

2013 SUMMER DAY CAMP

REGISTRATION FORM

JUNE 17 to AUGUST 6

Head Start/Kinder, 1st & 2nd grade,
3rd & 4th grade, 5th, 6th & 7th grade
(GRADE YOUR CHILD IS GOING INTO FOR
THE 2013 - 2014 SCHOOL YEAR)



CHILDS NAME: _____

ADDRESS: _____ AGE: _____ DATE OF BIRTH: _____

GRADE GOING INTO: _____ HOME PHONE: _____ WORK PHONE: _____

FATHERS NAME: _____ CELL PHONE: _____

MOTHERS NAME: _____ CELL PHONE : _____

GUARDIAN NAME: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE #: _____

RELATIONSHIP: _____



FOR OFFICIAL USE ONLY

FEE: \$250.00, \$225.00 for 2ND/3RD child



LATE FEE (AFTER JUNE 17, 2012) \$275.00, and \$250.00 FOR 2ND/3RD CHILD

AMOUNT PAID: \$ _____ PAYMENT TYPE: (check/cash) CK #: _____

CLERK SIGNATURE: _____ DATE: _____

ALL RECEIPT'S MUST BE ATTACHED TO THIS FORM AND PARTICIPANTS NAME/NAMES

MUST BE ON RECEIPT (multiple children - make multiple receipts)

PAYMENT OPTION PLAN

Option 1: 50/50; AND Option 2: 3 equal payments

(must be paid in full by June 14, 2013 summer camp start date)

One (1) child __ two (2) children __ three (3) children __ TOTAL AMOUNT OWED: \$ _____

AMOUNT PAID \$ _____ BALANCE: \$ _____ DATE: _____

PAYMENT OPTION 1: PAYMENT: \$ _____ DATE: _____

PAYMENT OPTION 2: 2ND PAYMENT: \$ _____ DATE: _____

3RD PAYMENT: \$ _____ DATE: _____

(BY SIGNING, I AGREE TO THE TERMS STATED ABOVE, MUST BE PAID IN
FULL BY JUNE 14, 2013) PARENT SIGNATURE: _____

CHILDS NAME: _____

BEHAVIOR

Camp staff must be free to administer and supervise the activities planned for the participants. Consequently, disciplinary problems are dealt with quickly, but fairly. Rules and regulations must be followed by all participants in our recreation program to provide the best quality programming. IF a participant breaks rules, a discipline procedure will be followed.

Disciplinary Action Report (DAR) will be filled out and submitted to the Recreation office and a copy will be sent home to parent with child.

First DAR, parents will be called regarding situation; COPY WILL BE SENT HOME WITH CHILD

Second DAR, child will be suspended from the program for the remainder of the day, and/or for the following day. If an event/field trip is scheduled during that week, child may lose his/her privilege to attend.

Third and final DAR, the child will no longer be allowed to attend the recreation program and all fees paid will be forfeited.

(IF a child has special circumstances, please discuss with Program Coordinator)

PARENT/GUARDIAN SIGNATURE

DATE

PICTURES

PERMISSION TO RELEASE PICTURES TAKEN DURING CAMP TO BE UTILIZED FOR PROMOTION OF THE SUMMER CAMP PROGRAM, THE ABE MONTOYA RECREATION CENTER AND/OR CITY OF LAS VEGAS:

* I do not wish for my child's picture to be released:

PARENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

PERMISSION TO ATTEND FIELD TRIPS/SPECIAL EXCURSIONS

During the summer camp program, participants may have the opportunity to attend field trips and special excursions. I understand that some field trips may require an additional fee to attend. Registration forms will be sent home and must be returned to Camp Director as soon as possible with full payment. Pre registration is necessary to allow recreation staff to schedule transportation and supervision. I _____ hereby authorize my child _____ to attend these trips with the recreation day camp program.

PARENT/GUARDIAN SIGNATURE

DATE

CHILDS NAME: _____

MEDICAL HISTORY

Facts concerning child's medical history to which a physician should be alerted. All information obtained is considered confidential, except to medical provider. Please indicate if the participant has had, or is currently under treatment for any of the following conditions:

ASTHMA _____ DIABETES _____ SEIZURES _____
HEART PROBLEMS _____ HEPATITIS _____ MIGRAINE HEADACHES _____
BLEEDING DISORDER _____ HIGH BLOOD PRESSURE _____ EAR PROBLEMS _____
EMOTIONAL PROBLEMS _____ TETANUS (DATE): _____ INFECTIOUS DISEASES _____
MENINGITIS _____ MUSCULAR WEAKNESS _____ ALLERGIES _____
CONTACTS _____ REACTIONS TO MEDICINES: (please list): _____
LONG TERM MEDICATIONS (please list): _____
HOSPITALIZED FOR SERIOUS ILLNESS, SURGERY, and ACCIDENTS: Explain: _____

Has child ever been treated, informed of the need to be on antibiotic therapy prior to dental treatment
YES _____ NO _____ PLEASE ADD ANY PROBLEMS NOT LISTED: _____

Please be advised that the City of Las Vegas recreation program does not have the ability to handle special needs children. If your child has special needs, they will need to be accompanied by a qualified professional that can care for their individual needs. **Please contact the Recreation department staff to set up any additional needs required.**

EMERGENCY MEDICAL AUTHORIZATION

I, Parent/guardian _____ hereby authorize medical treatment for my child, _____ who may become ill or injured while under program authority, when parents cannot be contacted. In case of an emergency, I hereby give my consent to transport my child to the following medical care providers; I give any reasonable and customary medical and health care deemed necessary.

PRIMARY PHYSICIAN: _____ PHONE NUMBER: _____

PRIMARY DENTIST: _____ PHONE NUMBER: _____

CHILDS NAME: _____

RELEASE OF LIABILITY

I/We do hereby agree to release, hold harmless, and forever give up claim against the City of Las Vegas, Recreation Dept., Abe Montoya Recreation Center, or any of its agents, representatives, staff, and volunteers that may arise for damages on account of bodily injury or property damages arising in any manner out of participation in the Summer Day Camp program.

I/We understand that should any injury occur during participation in the aforementioned program, the City of Las Vegas, Abe Montoya Recreation Center, its agents, and/or its representatives will be held responsible; and I/We understand that by signing this form all legal rights to hold the City of Las Vegas, Recreation Dept. its agents, representatives, staff, volunteers, responsible are waived.

PARENT/GUARDIAN SIGNATURE

DATE

REFUND POLICY

CITY OF LAS VEGAS ADMINISTRATIVE REGULATION NO - A11-194
FOR REFUNDS AND/OR CORRECTIONS/CANCELLATIONS SUMMER DAY CAMP

SUMMER DAY CAMP: 100% REFUND GIVEN IF THE OFFICE IS NOTIFIED THAT PARTICIPANT WILL WITHDRAW PRIOR TO STARTING THE FIRST DAY OF PROGRAM OR SESSION. 50% REFUND WILL BE GIVEN IN THE FIRST 10 DAYS OF THE PROGRAM. (EXCLUDING WEEKENDS AND HOLIDAYS).

NO REFUNDS WILL BE ISSUED AFTER THE SECOND WEEK OF THE SUMMER CAMP.

LETTER MUST BE SUBMITTED TO RECREATION OFFICE REQUESTING REFUND.

PARENT/GUARDIAN SIGNATURE: _____

AUTHORIZATION FOR TRANSPORT IN CASE OF EMERGENCY

If for any reason the listed medical care provider cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care facility. This authorization does not cover any major surgery unless one other doctor/dentist concurs. Nothing in this section shall be constructed to impose liability on any recreation program staff, city official, or city employee whom in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

PARENT/GUARDIAN SIGNATURE

DATE

CHILDS NAME: _____

SECURITY

PICK UP AUTHORIZATION FORM

I, Parent/guardian _____ hereby authorize the following individuals to pick up my child, _____ from the recreation department program in my absence.

Children must be picked up no later than 5:15pm.

WE WILL NOT RELEASE CHILDREN TO INDIVIDUALS NOT ASSIGNED BELOW.

Names may be added or deleted to this list only by authorized parent/guardian.

NAME (please print)

PHONE NUMBER:

RELATIONSHIP:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that my child must be picked up within a reasonable amount of time and every effort will be made to pick my child up on time. I also understand there may be a fee if my child is picked up after 5:15pm.

PARENT/GUARDIAN SIGNATURE

DATE